

## Alabama Department of Mental Health Office of Autism Services Provider Agency Vendor Application

Thank you for your interest in providing Autism Services! Please scan and send all application and documentation materials below to Office of Autism Services by:

Email: autism.dmh@mh.alabama.gov (Preferred)

Or

Mail: Alabama Department of Mental Health

ATTN: Autism Services 100 North Union Street PO Box 301410

Montgomery, AL 36130

## **Applications**

Medicaid Application (Agency)	
ASD Performing Provider Application (Each Applicable Staff Member	)

Upon approval of application and documentation, proceeding ADMH training will be required of staff to become a credentialed vendor with Autism Services.

## **Training**

Completion of Autism Ser	vices Training Part 1	(Online Relias Coursework)
Completion of Autism Ser	vices Training Part 2	(In-person, service-specific)

For any questions, please contact Office of Autism Services at <a href="mailto:autism.dmh@mh.alabama.gov">autism.dmh@mh.alabama.gov</a> or 1-800-499-1816.